

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/516074**

FILING DATE

**29 NOV 2004**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
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7			/	/			57						
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10			/	/			60						
11			/	/			61						
12			/	/			62						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	15	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			17				TOTAL CLAIMS						